MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
MARYLAND
LENGTH OF STAY (in this place): 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) S. (Last) ALEXANDER

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3/29/1882

9. AGE last birthday: 67 yrs. If under 1 year: Months. 3 Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Carroll County Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Below

14. MOTHER'S MAIDEN NAME: Martha Hape

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-14-1704

17. INFORMANT: Eschue Alexander

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X **Immediate cause** (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s)

462 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer - Intestine

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~, 1949, to July 4, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. H. Legg M D

ADDRESS: Union Bridge

DATE SIGNED: July 5-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 7/6/49

NAME OF CEMETERY OR CREMATORY: Pipe Creek Cemetery

LOCATION (City, town, or county) (State): Uniontown R.D. Md.

DATE REC'D BY LOCAL REG.: July 6, 1949

REGISTRAR'S SIGNATURE: K. Eichelman Deputy

24. FUNERAL DIRECTOR: H. C. Hartzler & Sons

ADDRESS: Union Bridge & New Windsor, Md.

RECEIVED
MAY 6 1950
BUREAU N.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Be 16643

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Carroll — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Baltimore, Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (In this place): 6 years, 3 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital	STREET ADDRESS (If rural give location): 4613 Edmondson Avenue ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Johanna	Margaret	Andreae	July	19,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	9-23-1868	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housework	no	Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Frederick Gundlach	Magdelene Wentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis and myocardial degeneration	3 months
422.1 Antecedent cause(s)	Generalized arteriosclerosis	about 7 years
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Psychosis with cerebral arteriosclerosis	about 7 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-1, 1943, to 7-19, 1949, that I last saw the deceased alive on 7-19-, 1949, and that death occurred at 6.50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Irene L. Hohmann, M.D.	Springfield State Hospital	7-19-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/22/49	Western Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-21-49	A. Lee Hedrick	WM. J. TICKNER & SONS	Balto., Md.

VS. A15

06644

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Silver Run

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) Silver Run

3. NAME OF DECEASED (Type or Print) (First) CLIFF (Middle) AND (Last) CLEVEL-BECHTEL

4. DATE OF DEATH (Month) July (Day) 5 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12/3/85
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Bechtel
14. MOTHER'S MAIDEN NAME Barbria Peterman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-26-0058
17. INFORMANT Mrs Cleff Bechtel; Westminster, Md. R-2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary disease — INTERVAL BETWEEN ONSET AND DEATH 2 weeks.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED July 5/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/7/49
NAME OF CEMETERY OR CREMATORY St. Bartholomew Cem.
LOCATION (City, town, or county) (State) Mr. Hanover, York Co. PA.

DATE REC'D BY LOCAL REG. 7/5/49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. M. Little & Son. ADDRESS Littlestown PA.
By R.A. Little

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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JUL 8 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06645

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Sykesville
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cleveland
STREET ADDRESS (If rural, give location) 19604 Sheldron Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RICHARD	EMERY	BRASHEAR	July	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
Male	White	Married	4/4/93	56 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Race Tracks
11. BIRTHPLACE (State or foreign country): Cumberland, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Brashear
14. MOTHER'S MAIDEN NAME: Emma Hipple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

104 Immediate cause (a) Rocky Mountain spotted fever — 5 days

Antecedent cause(s)

39C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sclerosis of coronary arteries (old treated case) / Psychosis with syphilitic meningo-encephalitis — ? 2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 1949, to 7/20, 1949, that I last saw the deceased alive on 7/20, 1949, and that death occurred at 10:00 A (DST) m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Joseph H. Marshall, M. D. Sykesville, Maryland 7/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 23, 1949
NAME OF CEMETERY OR CREMATORY Harrisburg
LOCATION (City, town, or county) (State) Harrisburg Pa.

DATE REC'D BY LOCAL REG. July 20, 1949
REGISTRAR'S SIGNATURE C. Harry Kerr
24. FUNERAL DIRECTOR ADDRESS C. M. Musselman, Le Moyne, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
JUL 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06646

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL FINKSBURG
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ROUTE 1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL FINKSBURG
STREET ADDRESS (If rural, give location): ROUTE 1

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) EMILY (Last) BROTHERS

4. DATE OF DEATH: (Month) JULY (Day) 26 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JAN. 17. 1876

9. AGE last birthday: 73 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: WILLIAM FRANK BARNES

14. MOTHER'S MAIDEN NAME: MARY E. LOCKARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: NONE

17. INFORMANT: GEO. M. BROTHERS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 **Immediate cause** (a) Acute Cerebral Hemorrhage — Interval Between Onset and Death: 24 hours.

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Hypertension Disease — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1949, to 7/26, 1949, that I last saw the deceased alive on 7/26, 1949, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE: Hunter Rose (Degree or title) — ADDRESS — DATE SIGNED: 7/27/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: JULY 29. 1949 | NAME OF CEMETERY OR CREMATORY: PROVIDENCE CEMETERY | LOCATION (City, town, or county): CARROLL CO., (State): MD.

DATE REC'D BY LOCAL REG.: 7/27/49 | REGISTRAR'S SIGNATURE: H. Armacost

24. FUNERAL DIRECTOR: J. FRANCIS REESE — ADDRESS: WESTMINSTER, MD.

RECEIVED
JUL 29 1969

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

Bc 06647

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital	STREET ADDRESS (If rural, give location) 722 Dolphin Street ✓

3. NAME OF DECEASED (Type or Print)	(First) JOSEPH	(Middle) CHARLES	(Last) CARROLL	4. DATE OF DEATH	(Month) July	(Day) 25	(Year) 1949
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb. 25, 1896	9. AGE last birthday 53 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labored	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U. S.				
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Lizzie Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? (If year, give war or dates of service)	16. SOCIAL SECURITY NO. ?	17. INFORMANT Wife-Edith R. Carroll					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Pulmonary Tuberculosis — April 1, 1949

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1949, to July 25, 1949, that I last saw the deceased alive on July 25, 1949, and that death occurred at 10:45 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M. D.		Henryton, Maryland	7-25-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 7-29-49	NAME OF CEMETERY OR CREMATORY Mt Auburn	LOCATION (City, town, or county) Baltimore (State) md.
DATE REC'D BY LOCAL REG. 7-25-49	REGISTRAR'S SIGNATURE Albert R. Swankham	24. FUNERAL DIRECTOR Mrs Samuel T. Hemsly	ADDRESS

Deputy Local

578 W. Biddle Street

RECEIVED
JUL 29 1940
BUREAU OF S

Evidence for change in birth date is on:
Evidence for change in spelling of surname is on:
FILM No. G 121 JUL 15 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06648

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:

County: Carroll

City or town: Rural Finksburg (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr

Hospital, institution, or street address where death occurred: Finksburg R.D. 1

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Carroll

City or town: Rural Finksburg (If outside city or town limits, write RURAL and give nearest town)

Street No.: RD 1 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Christine Clausser (Clausser)

3.(b) Social Security Number: None

4. Sex: f

5. Color or race: w

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: 22 1868

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 22, 1868

8. AGE: Years 80 Months 11 Days 9 If less than one day ..... hrs. ..... min.

9. Birthplace: Russia (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Russia

MOTHER
14. Maiden name: Unknown
15. Birthplace: Russia

16. Informant: Mrs. Martha Lidner

Address: Finksburg RD 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 4, 49 (month) (day) (year)

Cemetery or crematory: East New Market

Location: " "

18. Funeral director: F. B. Willoughby

Address: East New Market Md

19. 7/2 1949 F. Woodward Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 1 1949 at 8 45 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 12-1- 1948 to 7-1- 1949 and that I last saw her alive on 6/30/49 19

Immediate cause of death: Cerebral hemorrhage — DURATION 1 yr

Due to: Hypertension — 5 yrs

Due to: Arteriosclerosis — (?)

Other conditions: —

331
83a

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: James G. Saffell M. D. or other

Address: Reisterstown Md Date signed: 7-1-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

06649

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 1yr., 3mo., 12da.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 1,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital	STREET ADDRESS (If rural, give location) 726 W. Fairmount Avenue

3. NAME OF DECEASED (Type or Print)	(First) ALICE	(Middle) RUTH	(Last) CORNISH	4. DATE OF DEATH	(Month) July	(Day) 24,	(Year) 1949
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 28, 1906	9. AGE last birthday 43 yrs.	If under Months.	1 year Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME John Coleman	14. MOTHER'S MAIDEN NAME Mamie Blake						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. ?	17. INFORMANT Deceased					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002 Immediate cause	(a) Pulmonary Tuberculosis	Jan., 1948
Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1948, to July 24, 1949, that I last saw the deceased alive on July 24, 1949, and that death occurred at 8:40 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hofman, M.D.		Henryton, Maryland	7-24-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 7/27/49	NAME OF CEMETERY OR CREMATORY Mt Auburn	LOCATION (City, town, or county) Balto. Md. (State)
DATE REC'D BY LOCAL REG. 7-24-49	REGISTRAR'S SIGNATURE Albert R. Swankham	24. FUNERAL DIRECTOR Chas. G. Cooper	ADDRESS 512 Carrollton Av.

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 26 1949
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06650

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 5 mos. 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland Tuberculosis San.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-17
STREET ADDRESS (If rural, give location) 1807 N. Monroe Street

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Counts

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 25, 1923

9. AGE last birthday: 26 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Portsmith, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jesse Counts

14. MOTHER'S MAIDEN NAME: Laura Jennings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 **Immediate cause** (a) Pulmonary Tuberculosis — Interval between onset and death: Unknown

Antecedent cause(s)

138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 1949, to July 3, 1949, that I last saw the deceased alive on July 3, 1949, and that death occurred at 7:25 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reuben W. Gray, M. D. ADDRESS Henryton, Md. DATE SIGNED 7-3-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE July 6th/49 NAME OF CEMETERY OR CREMATORY Mt Calvo Cemetary LOCATION (City, town, or county) Buwld and (State) MD

DATE REC'D BY LOCAL REG. 7-3-49

REGISTRAR'S SIGNATURE Albert R. Brandhard Deputy Local

24. FUNERAL DIRECTOR Elroy O Wilson ADDRESS 1000 Brantley a

RECEIVED
JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06651

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Airy; LENGTH OF STAY (in this place) 9 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Airy; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARTHA	LOUISE	DECKER	July	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W.	Divorced	Oct. 10 1905	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Wife	Own home	New York City	U.S.A.

13. FATHER'S NAME: Charles Rasmussen

14. MOTHER'S MAIDEN NAME: Lena Kolatz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Melvin H. Decker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary artery disease	3 days
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T Sharrard	Deputy Medical Examiner	Westminster, Md	July 15-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 18, 1949	Pine Grove	Mt. Airy, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 16/49	Thos D Snyder	Olin L. Molesworth	Damascus, Md.

VS. A15A

RECEIVED
JUL 20 1949
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06652

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 1yr., 1mo., 20day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland Tuberculosis San.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Licksville, P.O. Tuscarora
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MELVIN (Middle) (Last) DIGGS
4. DATE OF DEATH: (Month) July (Day) 6 (Year) 19 49
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 20, 1941
9. AGE last birthday: 8 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Rockville, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William Diggs
14. MOTHER'S MAIDEN NAME: Annie Dyson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Father: William Diggs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Tuberculous Meningites — Feb. 2, 1949

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — April, 1948

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1948, to July 6, 1949, that I last saw the deceased alive on July 6, 1949, and that death occurred at 8:25 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reuben Hoffman, M.D. — ADDRESS Henryton, Maryland — DATE SIGNED 7-6-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE July 9-49 — NAME OF CEMETERY OR CREMATORY Lincoln Park — LOCATION (City, town, or county) (State) Rockville Md

DATE REC'D BY LOCAL REG. 7-6-49 — REGISTRAR'S SIGNATURE Albert R. Snowden Deputy Local — 24. FUNERAL DIRECTOR Robert L. Snowden — ADDRESS Rockville Md

RECEIVED
JUL 9 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06653

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 117 West Side Ave., ✓

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) M. (Last) Dusing

4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 10, 1898

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Clova Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Jacob Lee Dusing

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Osteomyelitis of left hip	? 1 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilis	?
	(c)	

025
30g

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with syphilitic meningoencephalitis — 18 mos.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1949, to July 29, 1949, that I last saw the deceased alive on July 29, 1949, and that death occurred at 10:50 P. m., from the causes and on the date stated above.

SIGNATURE Joseph H. Marshall (Degree or title) M.D. ADDRESS Springfield State Hospital DATE SIGNED 7-29-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/2/49 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Maryland

DATE REC'D BY LOCAL REG.: July 30, 1949 — REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR: F.W.Kraiss — ADDRESS: Hagerstown Md.

13850

RECEIVED
AUG 2 1949
BUREAU V. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06654

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTMINSTER
LENGTH OF STAY (in this place) 10 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS METHODIST CHURCH HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTMINSTER
STREET ADDRESS (If rural, give location) MAIN & CHURCH STS.

3. NAME OF DECEASED (Type or Print) (First) SALLIE (Middle) EBAUGH (Last)

4. DATE OF DEATH (Month) JULY (Day) 24 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH NOV. 7, 1868

9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JEREMIAH EBAUGH

14. MOTHER'S MAIDEN NAME MARTHA A. RICHARDS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) —

16. SOCIAL SECURITY No. NONE

17. INFORMANT EMORY C. EBAUGH

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 days

332
93d

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — Yes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1949 to July 24, 1949, that I last saw the deceased alive on July 24, 1949, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Kenneth Woodward MD — ADDRESS Westminster, Md — DATE SIGNED 7/28/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE JULY 27, 1949 — NAME OF CEMETERY OR CREMATORY CARROLLTON CHURCH OF GOD — LOCATION (City, town, or county) CARROLLTON (State) MD.

DATE REC'D BY LOCAL REG. 7/24/49 — REGISTRAR'S SIGNATURE H. Woodward

24. FUNERAL DIRECTOR J. FRANCIS REESE — ADDRESS WESTMINSTER, MD.

RECEIVED
JUL 2[illegible] 1943
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06655

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Rural - Westminster

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Edward (Last) Everhart Sr.

4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 3-9-1895

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Salesman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Everhart

14. MOTHER'S MAIDEN NAME: Flora Feaser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Charles Everhart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5921 Immediate cause (a) Myocarditis (Acute)

Antecedent cause (s)

1310 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Syphilis (Chr)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3/4 hr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-16, 1949, to 7-19, 1949, that I last saw the deceased alive on 7-18, 1949, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. C. Jennette M.D. Westminster Md. 7-19-49

23. BURIAL, CREMATION / REMOVAL (Specify) — DATE 7-23-49 — NAME OF CEMETERY OR CREMATORY Rriders — LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 7/22/49 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR C. M. Waltz — ADDRESS Winfield Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 25 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH Bc 06656

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 9mos. 24 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital	STREET ADDRESS (If rural, give location) 114 7 N. Fremont Avenue ✓

3. NAME OF DECEASED (Type or Print)	(First) IDA	(Middle) LOUISE	(Last) FENWICK	4. DATE OF DEATH	(Month) July	(Day) 21	(Year) 1949
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Seperated	8. DATE OF BIRTH Oct., 23,1915	9. AGE last birthday 33 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lancaster, Virginia	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Robert Hope	14. MOTHER'S MAIDEN NAME Hattie Carter						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Hattie Hope (Mother)					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Sept.,1947

002

Antecedent cause(s)

13t

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 27 1948, to July 21, 1949, that I last saw the deceased alive on July 21, 1949, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reuben Hoffman, M.D. — ADDRESS Henryton, Maryland — DATE SIGNED 7/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 7/25/1949	NAME OF CEMETERY OR CREMATORY Mt Auburn City	LOCATION (City, town, or county) Bath N.D. (State)
DATE REC'D BY LOCAL REG. 7/21/49	REGISTRAR'S SIGNATURE Albert R. Swankham	24. FUNERAL DIRECTOR Mrs Katie R. William	ADDRESS

Deputy Local

322 N. Schroeder St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUL 25 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06657

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Henryton — LENGTH OF STAY (in this place): 8 mos. 27 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore-17
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maryland Tuberculosis San.	STREET ADDRESS (If rural, give location): 1115 N. Carey Street

3. NAME OF DECEASED (Type or Print)	(First) Martina	(Middle) Dyson	(Last) Fooks	4. DATE OF DEATH	(Month) July (Day) 1 (Year) 1949
5. SEX: Female	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Feb. 21, 1923	9. AGE last birthday: 26 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTAY?		
13. FATHER'S NAME: James Walter Dyson	14. MOTHER'S MAIDEN NAME: Edna McCall				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Deceased			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Sept. 1947

002

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 4, 1948, to July 1, 1949, that I last saw the deceased alive on July 1, 1949, and that death occurred at 6:50 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reuben Hoffman, M.D. — ADDRESS: Henryton, Md. — DATE SIGNED: 7-1-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: July 5, 1949	NAME OF CEMETERY OR CREMATORY: Arbutus	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG. 7-1-49	REGISTRAR'S SIGNATURE: Albert R. Swanphame	24. FUNERAL DIRECTOR: Geo. G. Nelson	ADDRESS: 1303 Pressman St.

Deputy Local

RECEIVED
JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06658

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster | LENGTH OF STAY (In this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 97 Penna. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural give location) 92 Penna Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	David	Fowler	July	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W	Widowed	Jan. 23-1884	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Fireman	W.M.C. College	Md	U.S.

13. FATHER'S NAME George Fowler — 14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	None	Mrs Joseph Byrn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular disease — year

Antecedent cause(s) 42211

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Apr 21, 1949, to July 7, 1949, that I last saw the deceased alive on July 7, 1949, and that death occurred at 11 30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Mason	M D	Westminster Md	July 9/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 10-1949	Mead's Branch	Sanytown Rd. Westminster, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/9/49	[signature]	A Bankard Sons	Westminster, Md

RECEIVED
JUL 11 1949
BUREAU V. A.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 06659

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Henryton — LENGTH OF STAY (in this place): 1 mo. 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Md. Tbc. Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore-1
STREET ADDRESS (If rural, give location): 735½ W. Saatoga Street ✓

3. NAME OF DECEASED (Type or Print): (First) Ferdinand (Middle) Augustus (Last) Fraling
4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.
8. DATE OF BIRTH: Sept. 8, 1904
9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Taneytown, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Simom Fraling
14. MOTHER'S MAIDEN NAME: Josphine Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-01-4526
17. INFORMANT: Mr. Edgar Fraling (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — February

002 Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 1949

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1949, to July 12, 1949 that I last saw the deceased alive on July 12, 1949, and that death occurred at 11:52 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reuben Hoffman, M.D. — ADDRESS: Henryton, Md. — DATE SIGNED: 7-12-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 16, 1949 — NAME OF CEMETERY OR CREMATORY: Arlington — LOCATION (City, town, or county) (State): Baltimore County

DATE REC'D BY LOCAL REG. 7-12-49 — REGISTRAR'S SIGNATURE: Albert R. Swankham — 24. FUNERAL DIRECTOR: Geo. G. Kelson — ADDRESS: 1308 Brentmans St

Deputy Local

RECEIVED
JUL 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06660

Reg. Dist. No. 78

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown | LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) (Last) Frealing
4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 1949
5. SEX F
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow
8. DATE OF BIRTH 3/9/1875
9. AGE last birthday 74 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Mio.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Karl Johnson
14. MOTHER'S MAIDEN NAME Elizabeth Matthews
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs H. A. Butler, Taneytown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Uterus Oct 11th. 1943 to July 30, 1949

174 Antecedent cause(s)

48b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11th., 1943., to July 30th., 1949., that I last saw the deceased alive on July 30th., 1949., and that death occurred at 11:50 P. m., from the causes and on the date stated above.

SIGNATURE C. M. Benner (Degree or title) MD ADDRESS Taneytown Maryland DATE SIGNED Aug 1st. 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Aug 3, 1949 | NAME OF CEMETERY OR CREMATORY St. Joseph's | LOCATION (City, town, or county) Taneytown (State) Md

DATE REC'D BY LOCAL REG. August 3 | REGISTRAR'S SIGNATURE Mary B. Mott, Deputy

24. FUNERAL DIRECTOR C. O. Bussard Son ADDRESS Taneytown Md

RECEIVED
AUG 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06661

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 5 mo., 2 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barstow
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) (Last) FREELAND

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 19, 1930

9. AGE last birthday: 19 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Huntingtown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Calvin Macker

14. MOTHER'S MAIDEN NAME: Johanna Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: ?

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

002 **Immediate cause** (a) Pulmonary Tuberculosis — Aug., 1948

Antecedent cause(s)

138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 21, 1949, to July 23, 1949, that I last saw the deceased alive on July 23, 1949, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reuben Hoffman, M.D. ADDRESS: Henryton, Maryland DATE SIGNED: 7-23-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 7-26-49 NAME OF CEMETERY OR CREMATORY: Patapsco LOCATION (City, town, or county): Calvert Co (State): Md

DATE REC'D BY LOCAL REG. 7-23-49

REGISTRAR'S SIGNATURE: Albert A. Swanborn Deputy Local

24. FUNERAL DIRECTOR: P. E. Sewell ADDRESS: Prince Frederick Md

RECEIVED
JUL 26 1949
BUREAU T. S.

06662

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 80

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) RACHEL (Middle) J. (Last) HAINES

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov 15-1877

9. AGE last birthday: 71 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Nathan Franklin

14. MOTHER'S MAIDEN NAME: Martha Grimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Corneliaus Haines

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal obstruction — Interval Between Onset and Death: 2 days

561.5 Antecedent cause(s)

122a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple hernias — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1949, to July 8, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Legg M D ADDRESS Union Bridge DATE SIGNED 8/9/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE July 11 1949 — NAME OF CEMETERY OR CREMATORY Taylorsville — LOCATION (City, town, or county) (State) Taylorsville Maryland

DATE REC'D BY LOCAL REG. July 9/49 New Windsor Md

REGISTRAR'S SIGNATURE Gracie L Bridget

24. FUNERAL DIRECTOR ADDRESS D D Hartzler & Sons Union Bridge & New Windsor, Md

VS. A15

RECEIVED
JUL 19 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 06664

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 3yrs. 5mths 27 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maryland Tbc. Sanatoruim	STREET ADDRESS (If rural, give location): 321 N. Stricker St., ✓

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) WESTLY	(Last) HARRIS	4. DATE OF DEATH	(Month) July	(Day) 18	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Dec., 12, 1901	9. AGE last birthday: 47 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Sparrows Point, Maryland	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: Joseph Harris	14. MOTHER'S MAIDEN NAME: Ellen Hill						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT: Deceased					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	November
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	1945
	(c)	

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 12, 1946, to July 18, 1949, that I last saw the deceased alive on July 18, 1949, and that death occurred at 5:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton, Maryland	7/18/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 7/20/49	NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem	LOCATION (City, town, or county) (State): Brooklyn Md aaa
DATE REC'D BY LOCAL REG.: 7/18/49	REGISTRAR'S SIGNATURE: Albert R. Swanthams	24. FUNERAL DIRECTOR: Mrs Katie R Williams	ADDRESS: 3224 S Chrolder

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 20 1949
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06663 7b

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 186 W Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 186 W Main St.

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) Gertrude (Last) Hawn

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Sept 7-1874

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: David Franklin

14. MOTHER'S MAIDEN NAME: Mary Mcbaum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Earl Hawn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 2 weeks

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1949, to July 2 1949, that I last saw the deceased alive on June 30 1949, and that death occurred at 11:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Roseboro MD 78 W main Westminster Md 7/4/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 5-1949 — NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery — LOCATION (City, town, or county) (State): Uniontown Md

DATE REC'D BY LOCAL REG.: July 4 1949 — REGISTRAR'S SIGNATURE: Chas L Benedict — 24. FUNERAL DIRECTOR ADDRESS: D D Hartzler & Sons Union Bridge & New Windsor, Md

C. H. Woodward Reg. Dist. Chas L Benedict Asst. Reg.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06665

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY: CARROLL
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Sykesville, Md.
LENGTH OF STAY (in this place): 2-1/2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 1 Leslie Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN JOSEPH (Middle) (Last) HINES

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12/25/90

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad police

10b. KIND OF BUSINESS OR INDUSTRY: B&O RR

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John J. Hines

14. MOTHER'S MAIDEN NAME: Catherine Tierny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 **Immediate cause** (a) Bronchopneumonia — Interval between onset and death: 3 days

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral hemorrhage — 5 days

(c) Generalized arteriosclerosis — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclserosis and chronic alcoholism — 2 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26, 1949, to 7/13, 1949, that I last saw the deceased alive on 7/13, 1949, and that death occurred at 4:55 P DST m., from the causes and on the date stated above.

SIGNATURE: Joseph H. Marshall, (Degree or title) M.D. ADDRESS: Sykesville, Maryland DATE SIGNED: 7/13/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 7/18/49
NAME OF CEMETERY OR CREMATORY: Western Cem.
LOCATION (City, town, or county) (State): Edmondson & Longwood St

DATE REC'D BY LOCAL REG.: 7/14/49
REGISTRAR'S SIGNATURE: a. w. Hedrick
24. FUNERAL DIRECTOR: John J. Cowan & Son
ADDRESS: Hollins St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH Bc 06666

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH · COUNTY: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville	LENGTH OF STAY (in this place): since 3-31-48
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 18
	STREET ADDRESS (If rural, give location): 329 Birkwood Place

3. NAME OF DECEASED (Type or Print): George Frederick William Hoppe				4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 19 49			
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower	8. DATE OF BIRTH: 2-21-1874	9. AGE last birthday: 75 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker	10b. KIND OF BUSINESS OR INDUSTRY: -	11. BIRTHPLACE (State or foreign country): Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: Henry Hoppe		14. MOTHER'S MAIDEN NAME: Anna May Garritz					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: -	17. INFORMANT: Springfield State Hospital				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
491 Immediate cause	(a) Broncho-pneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral arteriosclerosis with psychosis	for about 18 months

19a. DATE OF OPERATION: /	19b. MAJOR FINDINGS OF OPERATION: /			20. AUTOPSY? Yes ☐ No ☑	
21. ACCIDENT / SUICIDE / HOMICIDE (Specify): /	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: /	(CITY OR TOWN): /	(COUNTY)	(STATE)	
TIME OF INJURY (Month) / (Day) / (Year) / (Hour) / m.	INJURY OCCURRED While at Work ☐ / Not While At work ☐	HOW DID INJURY OCCUR? /			

22. I hereby certify that I attended the deceased from 3-31-48, 19 48, to 7-6, 19 49, that I last saw the deceased alive on 7-6-49, 19..., and that death occurred at 4:48 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Martin Gross, M.D.	Sykesville, Md.	7-6-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 9 1949	Angel Hill	Harford Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 9, 1949	Stanley Keen	R. M. Mitchell, Havre de Grace Md.	

RECEIVED
JUL 8 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06667

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) 40 years, 2 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Co.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) S. (Last) Johnson

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: ~~about~~ ~~unknown~~ 1876

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Sanders

14. MOTHER'S MAIDEN NAME: Nacy E. Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Strangulation — Interval between onset and death: Minutes

Antecedent cause(s) 936.7 1950 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C-V disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

PLACE (Home, farm, factory, street, office bldg., etc.): Home - S.S.H. (CITY OR TOWN) Sykesville (COUNTY) Carroll (STATE) Md

TIME OF INJURY (Month) July (Day) 28 (Year) 49 (Hour) 2 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Strangled herself in restraining jacket -

22. I hereby certify that I attended the deceased from ~~[illegible]~~, 19~~42~~, to ~~7-28~~, ~~1949~~, that I last saw the deceased alive on ~~7-28~~, 19~~49~~, and that death occurred at 7.05 P.m., from the causes and on the date stated above.

SIGNATURE James T. Monroe (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED July 28-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 7-30-49 — NAME OF CEMETERY OR CREMATORY Springfield Hospital — LOCATION (City, town, or county) (State) Sykesville Md.

DATE RECD BY LOCAL REG. July 30, 1949 — REGISTRAR'S SIGNATURE C. Harry Eiker

24. FUNERAL DIRECTOR C. N. Wells — ADDRESS Sykesville, Md.

RECEIVED
AUG 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06668

Reg. Dist. No. 83

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sykesville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bennett

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Sykesville
STREET ADDRESS (If rural, give location) Bennett

3. NAME OF DECEASED (Type or Print): (First) SAM (Middle) (Last) JOHNSON

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1949

5. SEX M | 6. COLOR OR RACE Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W | 8. DATE OF BIRTH 1877 | 9. AGE last birthday 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Farm Labor | 11. BIRTHPLACE (State or foreign country) Maryland. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Not Known | 14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Burned to death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

916.0
180

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Nr Sykesville | (COUNTY) Carroll | (STATE) Md

TIME OF INJURY (Month) July (Day) 30 (Year) 1949 (Hour) 11 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? His house burned down - he in it

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T Howard (Degree or title) Deputy Medical Examiner | ADDRESS Westminster Md | DATE SIGNED July 31-49

22. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8-1-1949 | NAME OF CEMETERY OR CREMATORY White Rock | LOCATION (City, town, or county) Bennett Carroll Co | (State) Md

DATE REC'D BY LOCAL REG. Aug 1 1949 | REGISTRAR'S SIGNATURE Edna M Hewitt | 24. FUNERAL DIRECTOR C. M. Waltz | ADDRESS Winfield, Md.

VS. A15A

RECEIVED
AUG 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06669

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age if especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster | LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 218½ E. Main

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural give location) 218½ E. Main

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cora	Ruth	Keyser	July	10th	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	Single	July 3 1947	8 days yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vernit Keyser	Ruth Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
	None	Mrs. Campbell

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
770.0 Immediate cause	(a) Erythroblastosis Fetalis,	6 days.
Antecedent cause(s)		
16 c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Mothers Rh negative, Father Rh positive	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 7/3, 1949, to 7/10, 1949, that I last saw the deceased alive on 7/10, 1949, and that death occurred at 11A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dieter Born	M.D.	Westminster Md	7/10/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 11 1949	Pine Grove	Westminster,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/11/49	[signature]	H. Bankard & Son	Westminster, Md.

VS. A15

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06670

Reg. Dist. No. 70

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harney | LENGTH OF STAY (in this place) 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harney
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Kump
4. DATE OF DEATH: (Month) July (Day) 28 (Year) 49
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Nov. 4, 1870
9. AGE last birthday: 78 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Emanuel Crouse
14. MOTHER'S MAIDEN NAME: Rebecca Stavely
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Harvey Wantz, Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Nephritis — 5 yrs.

450.0 Antecedent cause(s)

13/a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 10 yrs.; Chronic Myocarditis — 10 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6.18, 1946, to 7.28, 1949, that I last saw the deceased alive on 7.27, 1949, and that death occurred at 7:40 m., from the causes and on the date stated above.

SIGNATURE: R. D. McVaugh | (Degree or title) M.D. | ADDRESS Taneytown, Md. | DATE SIGNED 7.29.49

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE 7-30-49 | NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery | LOCATION (City, town, or county) (State): Emmitsburg, Maryland

DATE REC'D BY LOCAL REG. July 30 | REGISTRAR'S SIGNATURE: Mary B. Witt, Deputy | 24. FUNERAL DIRECTOR: C.O. Fuss & Son | ADDRESS: Taneytown, Maryland

RECEIVED
AUG 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

06671

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) 1yr 25 da; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) Frankstown Rd.

3. NAME OF DECEASED (Type or Print): (First) Edwin (Middle) (Last) Kunze

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Sept 27-876

9. AGE last birthday 72 yrs. | If under 1 year: Months 10, Days, Hours, Min. | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Oscar Miller

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Gertrude Becker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma Uterus	1 yr
Antecedent cause(s)	(b) Gen Arterio Sclerosis	5 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

174
480

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1948, to July 26, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at 5-15 m., from the causes and on the date stated above.

SIGNATURE W. T. Gaston (Degree or title) M.D. ADDRESS Sykesville Md. DATE SIGNED July 26-49

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE July 29 | NAME OF CEMETERY OR CREMATORY Harry Strieker | LOCATION (City, town, or county) 410 Edmondson ave (State)

DATE REC'D BY LOCAL REG. 7/29/49 | REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Mt. Olivet | ADDRESS 2930 Fredrick ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06672

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton

LENGTH OF STAY (in this place) 10 mo., 28 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland Tuberculosis San.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Quantico

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ETZEL (Middle) ELIZABETH (Last) LAWRENCE

4. DATE OF DEATH (Month) July (Day) 7, (Year) 1949

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Feb. 13, 1914

9. AGE last birthday 35 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Quantico, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Linwood Mitchell

14. MOTHER'S MAIDEN NAME Lettie DeShield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 213-32-5403

17. INFORMANT Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
002	Immediate cause	(a) Pulmonary Tuberculosis	May, 1948
13b	Antecedent cause(s)		
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 9, 1948, to July 7, 1949, that I last saw the deceased alive on July 7, 1949, and that death occurred at 7:30 a. m., from the causes and on the date stated above.

SIGNATURE Reuben Hoffman (Degree or title) M. D. ADDRESS Henryton, Maryland DATE SIGNED 7-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 7-10-49 NAME OF CEMETERY OR CREMATORY Quantico Cem. LOCATION (City, town, or county) Quantico Md. (State)

DATE REC'D BY LOCAL REG. 7-7-49 REGISTRAR'S SIGNATURE Albert R. Frankham Deputy Local

24. FUNERAL DIRECTOR Booker M. Cuesta ADDRESS Salisbury Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06673

CERTIFICATE OF DEATH

Reg. Dist. No. 7-1

1. PLACE OF DEATH: COUNTY Carroll — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown — LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) LEWIS (Middle) R. (Last) LITTLE

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1949

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: 10/22/1877 — 9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — 10b. KIND OF BUSINESS OR INDUSTRY: Retired — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Lewis Little — 14. MOTHER'S MAIDEN NAME: Rebecca Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT: Ralph R. Little

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro Vascular Accident. — Interval between onset and death: 24 hrs.

Antecedent cause(s) 422.1 / 932 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Cardio Vascular Disease — 20 yrs.

(c) —

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Bronchiectasis, — 20 yrs.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 July, 1949, to 30 July, 1949 that I last saw the deceased alive on 30 July, 1949, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

G. Allen Moulton M.D. — 148 W Main St Westminster Md — 1 Aug 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8/2/49 — NAME OF CEMETERY OR CREMATORY: Church of God Cem. — LOCATION (City, town, or county) (State): Frizzelburg, Md.

DATE REC'D BY LOCAL REG.: Aug. 2 49 — REGISTRAR'S SIGNATURE: Margaret R. England — 24. FUNERAL DIRECTOR — ADDRESS: D. D. Hartzler & Sons, Union Bridge & New Windsor, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06674

CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Manchester | LENGTH OF STAY (in this place) 94 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Manchester Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Selina (Middle) (Last) Lynard

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Single | 8. DATE OF BIRTH: 2-26-1855 | 9. AGE last birthday: 94 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Carroll Co. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Lynard | 14. MOTHER'S MAIDEN NAME: Elizebeth Frankforter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Nellie M Lynard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 **Immediate cause** (a) Congestive Heart Failure — Interval Between Onset and Death: 3 weeks

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C-V. Disease — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1939, to July 31, 1949, that I last saw the deceased alive on July 31, 1949, and that death occurred at 11:10 p m, from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Maudie C. Porterfield M.D. — Hampstead, Md — 8/2/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | 8-3-49 | K.B. Cemetery | Manchester Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Aug 3/49 | Mrs. H. P. S. Demmer | Jacob White's Sons | Manchester Md.

RECEIVED
AUG 4 1949
BUREAU V. S.

Evidence for addition in 19b shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06675

CERTIFICATE OF DEATH

Reg. Dist. No. 74

FILM No. G 1 2 1 AUG -4 1949

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville | LENGTH OF STAY (in this place): 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Unk
STREET ADDRESS (If rural give location): ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Maurice	Lester	Main	July	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	12-7-1890(?)	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Frederick, Md	U.S.A.

13. FATHER'S NAME: George A. Main

14. MOTHER'S MAIDEN NAME: Catherine ~~Smith~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
unknown		unknown	Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
35a) **Immediate cause**	(a) Bronchopneumonia	2 days
83d) **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia	2 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis with cerebral arteriosclerosis	2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
---	---	Autopsy not performed [8/4/49 abs] Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
----	----	----		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
----			m.		----

22. I hereby certify that I attended the deceased from July 25, 1949, to July 29, 1949, that I last saw the deceased alive on July 29, 1949, and that death occurred at 7.54 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) — ADDRESS: Sykesville, Md. — DATE SIGNED: 7-29-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8-2-1949	Reformed	Middletown	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 30, 1949	C. Harry Weer	M. J. Creager & Son	Thurmont Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1949
BUREAU V. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06676

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) Eyr 9 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 142 Haven St.

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) Ester (Last) Martin

4. DATE OF DEATH (Month) July (Day) 12 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov 17-1862
9. AGE last birthday 86 yrs. If under 1 year: Months 8 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Worker Sewing Factory
11. BIRTHPLACE (State or foreign country) Gloverstown Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James McNeal
14. MOTHER'S MAIDEN NAME Sarah Flaherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John Martin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331	Immediate cause	(a) Cerebral Hemorrhage	1 mk
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Genl Arterio Sclerosis	?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 8, 1947, to July 12, 1949, that I last saw the deceased alive on July 12, 1949, and that death occurred at 4-05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. J. Martin Md ADDRESS Sykesville Md DATE SIGNED July 12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 15, 1949
NAME OF CEMETERY OR CREMATORY Swartz Cem.
LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. July 13, 1949
REGISTRAR'S SIGNATURE C Harry Neer
24. FUNERAL DIRECTOR John A. Moran ADDRESS 3000 E. Balto St Balto Md

RECEIVED
JUL 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06677

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton | LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parsonsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILTON (Middle) JAMES (Last) PARKER

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 7, 1911

9. AGE last birthday: 38 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Parsonsburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Parker

14. MOTHER'S MAIDEN NAME: Annie Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ? | (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002 Immediate cause	(a) Pulmonary Tuberculosis	Feb., 1949
Antecedent cause(s)		
13K Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED White at Work ☐ Not White At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1949, to July 22, 1949, that I last saw the deceased alive on July 22, 1949, and that death occurred at 9: a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Ruben Hoffman, M. D.	Henryton, Maryland	7-22-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-25-49	Glass Hill	Parsonsburg	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-22-49	Albert R. Swankhead, Deputy Local	James F. Stewart	402 E. Church St. Salisbury, Md.

RECEIVED
JUL 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06678

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: CARROLL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mail WESTMINSTER
LENGTH OF STAY (In this place): 4 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: CARROLL COUNTY HOME

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural WESTMINSTER
STREET ADDRESS (If rural, give location): CARROLL COUNTY HOME

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNA	B.	PEMBERTON	JULY	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOW	SEPT. 27, 1865	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWORK	—	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NOT KNOWN	NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	—	NONE	ELSIE E. HOOK

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary artery disease — —

9-4a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Marsh	Dpty. Medical Examiner	Westminster Md	July 9-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	JULY 11, 1949	DEER PARK CEM.	SMALLWOOD	MD.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/9/49	H. Armacost	J. FRANCIS REESE	WESTMINSTER, MD.

RECEIVED
JUL 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Bc

2411 N. Charles Street, Baltimore

06679

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 6 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Park ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Theresa Phillips

4. DATE OF DEATH (Month) (Day) (Year) July 27 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 1868
9. AGE last birthday 89 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME —
14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. ?
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

331 Antecedent cause(s) (b) Genl Arterio Sclerosis — ?

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 20, 1943, to July 27, 1949, that I last saw the deceased alive on July 20, 1949, and that death occurred at 11-45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H H Haston M.D. Sykesville Md July 27-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7-30-49
NAME OF CEMETERY OR CREMATORY Springfield Hospital
LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REG. July 30, 1949
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR C. H. Weer ADDRESS Sykesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH Bc

06680

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 2 yr 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1645 W. North Ave.

3. NAME OF DECEASED (Type or Print) (First) CARRIE (Middle) ABELL (Last) PRATT

4. DATE OF DEATH (Month) July (Day) 28 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec 24-1865
9. AGE last birthday 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Buffalo NY
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Christopher Frederick Abell
14. MOTHER'S MAIDEN NAME Caroline Otto

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Miss Anna E. Pratt 620 W. Lombard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 da

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Genl Arterio Sclerosis — 10 yrs

(c) Hypertension — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 11, 1947, to July 28, 1949, that I last saw the deceased alive on July 28, 1949 and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE W. F. Hastin (Degree or title) M.D. ADDRESS Sykesville Md DATE SIGNED July 28-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/30/49
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 7/29/49
REGISTRAR'S SIGNATURE A. W. Heduck
24. FUNERAL DIRECTOR WM. J. TICKNER & SONS ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Be 06681

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (In this place): 1mo.,4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 2,
STREET ADDRESS (If rural, give location): 1216 Saint James Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LOUISE	ELIZABETH	PRICE	July	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under Months.	1 year Days	If under 24 hrs. Hours	Mln.
Female	Negro	Single	Nov. 25, 1912	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress		Washington, D. C.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Judge Price	Lucy Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No		?	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 **Immediate cause** (a) Pulmonary Tuberculosis — Interval between onset and death: April, 1944

Antecedent cause(s)

136 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 24, 1949, to July 28, 1949, that I last saw the deceased alive on July 28, 1949, and that death occurred at 2:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reuben Hoffman, M.D. — ADDRESS: Henryton, Maryland — DATE SIGNED: 7-28-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8-1-49	Mt. Auburn	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-28-49	Albert R. Swankhaus	Holland Funeral Home	1631 Druid Hill Ave

Deputy Local

RECEIVED
AUG 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06682

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 215 N. Linwood Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) MILTON (Last) REED

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 19 49

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 9/24/1902

9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Reed

14. MOTHER'S MAIDEN NAME: Mary C. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Paralysis of Insane — 15 years

Antecedent cause(s)

025

30b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Furunculosis, face, scalp, chest — 1 week

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 46, to July 12, 19 49, that I last saw the deceased alive on July 12 19 49 and that death occurred at 1:00 A DST m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph H. Marshall, M.D. — ADDRESS: Sykesville, Maryland — DATE SIGNED: 7/13/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 15, 1949 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: July 13, 1949 — REGISTRAR'S SIGNATURE: A Haney Keen — 24. FUNERAL DIRECTOR: Wm Cook, Inc. — ADDRESS: 1317 St Paul St. Balto. Md.

VS. A15

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JUL 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06683

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY in this place 18 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield S.H. — MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural give location) Eye St. N.E. 1231

3. NAME OF DECEASED (Type or Print): (First) Myrtle (Middle) Irene (Last) Ricker

4. DATE OF DEATH: (Month) July (Day) 14. (Year) 1949

5. SEX: Fem.

6. COLOR OR RACE: Neh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: March 31. 1902

9. AGE last birthday: 47 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Prince George County Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Theodore Acton

14. MOTHER'S MAIDEN NAME: Ida May Rumner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -

(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: -

17. INFORMANT: Sister: Mrs Anny V. Lowe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4 Immediate cause (a) Cerebral haemorrhage — Interval Between Onset and Death: 24h.

Antecedent cause(s)

92d. Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chron. valvular heart disease — 18 years

(c) Schizophrenia. — 19 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -

(CITY OR TOWN) (COUNTY) (STATE): -

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: -

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1948 to July 14, 1949, that I last saw the deceased alive on July 14, 1949, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elizabeth A. Winiarz M.D. ADDRESS: Springfield Sykesville DATE SIGNED: July 14. 49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: July 16 1949 NAME OF CEMETERY OR CREMATORY: Washington National LOCATION (City, town, or county): Suitland (State): Md.

DATE REC'D BY LOCAL REG.: July 16, 1949 REGISTRAR'S SIGNATURE: Mary Rees

24. FUNERAL DIRECTOR: W.H. Chambers Co. ADDRESS: Washington D.C.

RECEIVED
JUL 16 1949
BUREAU T. S.

Evidence for change of birth date is on:

FILM No. G 121 JUL 13 1949

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Bc

06684

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville | LENGTH OF STAY (in this place): 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3532 E. Fayette St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	Pearl	Robbins	July	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Single	April 3, 1927	22 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Virginia	U. S.

13. FATHER'S NAME: Benjaman Franklin Robbins
14. MOTHER'S MAIDEN NAME: Katie Pearl McGill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Unkown	Not known	S. S. H. Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
300.2 Immediate cause	(a) Respiratory failure	
84b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Undetermined	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. schizophrenia catatonic type

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T Monk	Deputy Medical Examiner	Westminster Md	July 9-1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/13/49	Powhatan	Powhatan Co. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 10, 1949	C. Harry Weer	C. H. Weer	Sykesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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JUL 11 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 06685

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-17
STREET ADDRESS (If rural, give location) 1042 N. Stricker Street ✓

3. NAME OF DECEASED (Type or Print) (First) BEATRICE (Middle) LILLIAN (Last) ROBINSON

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1949

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 11, 1916

9. AGE last birthday 33 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Matthews

14. MOTHER'S MAIDEN NAME Viola Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. ?

17. INFORMANT Husband-Alfred Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	July 17, 1948
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1949, to July 26, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at 7:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reuben Hoffman, M.D.

ADDRESS Henryton, Maryland

DATE SIGNED 7-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial.

DATE July 29. 1949.

NAME OF CEMETERY OR CREMATORY Mt Auburn

LOCATION (City, town, or county) (State) Baltimore City.

DATE REC'D BY LOCAL REG. 7-26-49

REGISTRAR'S SIGNATURE Albert R. Swankham

Deputy Local

24. FUNERAL DIRECTOR Geo. G. Kelson

ADDRESS 1303. Pressman. St

RECEIVED
OCT 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06686

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Carroll · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md · COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eldersburg · LENGTH OF STAY in this place: 3 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eldersburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural give location): Sykesville R.D.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Wesley	Russell	July	4	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	2-24-81	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	—	Shawnee Kansas	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John A. Russell	Jennie Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no	515-09-2693	Mary Russell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Edema of Lungs	1 day
422.1 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Heart Disease	4 years
(c) Arteriosclerosis	4 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1949, to July, 1949, that I last saw the deceased alive on July 3, 1949, and that death occurred at 3:45 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Benjamin L. Siegel	M.D.	15 Greenwood Rd	July 4, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 6 1949	Taylorsville	Carroll Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 4 1949	Harry Keen	C. H. Keen	Sykesville Md

VS. A15

RECEIVED
JUL 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

116687

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: CARROLL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WESTMINSTER — LENGTH OF STAY (in this place): 63 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ROUTE 6

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WESTMINSTER
STREET ADDRESS (If rural, give location): ROUTE 6

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) LEE ADA (Last) SCHNABEL

4. DATE OF DEATH: (Month) JULY (Day) 3 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: DEC. 16, 1867

9. AGE last birthday: 81 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES CLEFFLER

14. MOTHER'S MAIDEN NAME: CATHARINE HARMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MRS RAY HOOK

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Myocardial degeneration	3 mos
422.1 Antecedent cause(s)	(b) arteriosclerosis	5 yrs
932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) old hemiplegia	3 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1945, to July 3, 1949, that I last saw the deceased alive on July 1, 1949, and that death occurred at 7 4 m., from the causes and on the date stated above.

SIGNATURE: J. Reese Wilson M.D. (Degree or title) — ADDRESS: 7 E. W. main Westminster — DATE SIGNED: 7/4/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: JULY 5, 1949 — NAME OF CEMETERY OR CREMATORY: DEER PARK CEM. — LOCATION (City, town, or county): NR. WESTMINSTER — (State): MD.

DATE RECD BY LOCAL REG. 7/7/49 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: J. FRANCIS REESE — ADDRESS: WESTMINSTER, MD.

VS. A15

RECEIVED
JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06688

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton | LENGTH OF STAY (in this place) 1 mo., 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) 326 Park Avenue

3. NAME OF DECEASED (Type or Print): (First) VIVIAN (Middle) HORTENSE (Last) SCOTT
4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 13, 1935
9. AGE last birthday: 13 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Scholar
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Federalsburg, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alfred Scott
14. MOTHER'S MAIDEN NAME: Ossie Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mother-Ossie Scott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tuberculous Meningites — May 7, 1949

010
14

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to July 26, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at 1:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eileen Thomas, M.D. | ADDRESS Henryton, Maryland | DATE SIGNED 7-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 7-29-49 | NAME OF CEMETERY OR CREMATORY Fredericksburg | LOCATION (City, town, or county) Fredericksburg (State) Md.

DATE REC'D BY LOCAL REG. 7-26-49 | REGISTRAR'S SIGNATURE Albert R. Swankland Deputy Local | 24. FUNERAL DIRECTOR J. J. Frampton | ADDRESS Fredericksburg Md.

VS. A15

RECEIVED
JUL 28 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06689

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 1 month 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland Tuberculosis San.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Milor's Apartments ✓

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Edward (Last) Sewell
4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: July 7, 1885
9. AGE last birthday: 64 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Boyds Station, Md .
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Sewell
14. MOTHER'S MAIDEN NAME: Moxell Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Dec., 14, 1948

002 Antecedent cause(s)

138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1949, to July 2, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 11:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reuben W. Thomas, M.D. ADDRESS Henryton, Md. DATE SIGNED 7-2-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE July 5 — NAME OF CEMETERY OR CREMATORY Lincoln Park — LOCATION (City, Town, or county) Rockville (State)

DATE REC'D BY LOCAL REG. 7-2-49
REGISTRAR'S SIGNATURE Albert R. Swanbaum, Deputy Local
24. FUNERAL DIRECTOR — ADDRESS Robert D. Snowden, Rockville

RECEIVED
JUL 7 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06690

Reg. Dist. No. 76

1. PLACE OF DEATH · COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS 58 E Main	STREET ADDRESS (If rural give location) 58 Carroll St.

3. NAME OF DECEASED (Type or Print) (First) Sarah	(Middle) Helen	(Last) Shipley	4. DATE OF DEATH (Month) July	(Day) 11	(Year) 1949
5. SEX F.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Aug. 16 1894	9. AGE last birthday 3-4 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME John S. Harmon			14. MOTHER'S MAIDEN NAME Lowella Hyle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Walter Shipley		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154 Immediate cause (a) Circulatory failure — 36 hrs

46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of rectum — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1948, to July 10, 1949, that I last saw the deceased alive on July 11, 1949, and that death occurred at 12:05 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Julius Chepper M.D.		88 W Main Westminster Md	July 12 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 7-13-1949	NAME OF CEMETERY OR CREMATORY Bridge Cemetery	LOCATION (City, town, or county) Westminster	(State) Md.
DATE REC'D BY LOCAL REG. 7/12/49	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR H. Bankard & Son	ADDRESS Westminster, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1949
BUREAU V. S.

06691

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster (Rural) LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer Park Road Hale Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 929 Maiden Choice Rd.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Snyder
4. DATE OF DEATH (Month) July (Day) 19 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 9-25-1859
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY R.R. Express Co
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Snyder
14. MOTHER'S MAIDEN NAME Elizabeth Snyder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Howard Keckner 929 Maiden Choice Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis - decompensating few months

443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & arteriosclerosis

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4-, 1949, to 7-19-, 1949, that I last saw the deceased alive on 7-18-49, 19..., and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE James G. Saffell (Degree or title) M.D. ADDRESS Reisterstown Md DATE SIGNED 7-19-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 7-22-49 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) (State) A A Co. Md

DATE REC'D BY LOCAL REG. 7/21/49 REGISTRAR'S SIGNATURE H.W. Hedrick Jr
24. FUNERAL DIRECTOR Geo. E. Beyer Jr ADDRESS 1512 Hollins St Balto. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH Bc

2411 N. Charles Street, Baltimore

06692

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH· COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 1mo. 8 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland Tbc. Sanatoruim	STREET ADDRESS (If rural, give location) 1314 Pennsylvania Ave., ✓

3. NAME OF DECEASED (Type or Print)	(First) JAMES	[redacted] (Theodore Davis)	(Last) STOVER	4. DATE OF DEATH	(Month) July	(Day) 16	(Year) 1949
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH August 7, 1910	9. AGE last birthday 38 yrs.	If under Months.	1 year Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hamlet, N. Carolina	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Stover		14. MOTHER'S MAIDEN NAME Lucy Mumford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Deceased	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	December
Antecedent cause(s)		1948
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1949, to July 16, 1949, that I last saw the deceased alive on July 16, 1949 and that death occurred at 2:45 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton, Maryland	7/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE July 21-1949	NAME OF CEMETERY OR CREMATORY Wyman Cem.	LOCATION (City, town, or county) (State) Hamlet, N. Carolina
DATE REC'D BY LOCAL REG. 7/16/49	REGISTRAR'S SIGNATURE Albert R. Swankhaus	24. FUNERAL DIRECTOR Robert E. Williams	ADDRESS

Deputy Local 1515 McElderry St

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 20 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

06693

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton; LENGTH OF STAY (in this place) 1 mo., 29 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. Tbc. Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
   STREET ADDRESS (If rural, give location) 806 George Street ✓

3. NAME OF DECEASED (Type or Print): (First) LESTER (Middle) (Last) THOMPSON

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: December, 1895

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lumberton, North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Julius Thompson

14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
   (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	January
Antecedent cause(s)		1949
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1949, to July 12, 1949, that I last saw the deceased alive on July 12, 1949, and that death occurred at 5:30 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reuben Hoffman, M.D. ADDRESS Henryton, Maryland DATE SIGNED 7-12-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 7-12-49 | NAME OF CEMETERY OR CREMATORY Mt. Auburn | LOCATION (City, town, or county) Balto. City | (State) Md

DATE REC'D BY LOCAL REG. 7-12-49 | REGISTRAR'S SIGNATURE Albert R. Swarbaugh Deputy Local | 24. FUNERAL DIRECTOR Samuel W. Sullivan & Son | ADDRESS 1011-N. Arlington Ave., Balto. City

RECEIVED
JUL 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06694

CERTIFICATE OF DEATH

Reg. Dist. No. 7 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Carroll

City or town: Rural Nr. Mayberry
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 Years

Hospital, institution, or street address where death occurred:
Westminster, R.D.1, Uniontown District.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: Rural Nr. Mayberry
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Westminster, R.D.1, Uniontown District.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: John Lee Walter

3.(b) Social Security Number: 217-01-8407

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Florence Iley

6.(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): June 23 1876

8. AGE:	Years	Months	Days	If less than one day
	73	1	6	hrs. min.

9. Birthplace: Harford County, Md.
(Town, county, and state)

10. Usual occupation: Farming + Farm Supply Co.

11. Industry or business: Farm

FATHER
12. Name: Theodore Walter
13. Birthplace: Germany

MOTHER
14. Maiden name: Mary Harms
15. Birthplace: York County, Pa.

16. Informant: Mrs John Walter

Address: Westminster, Md. R. D. 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 2-1949 (month) (day) (year)

Cemetery or crematory: Highland Presbyterian Cem.

Locality: Street. Md.

18. Funeral director: J. W. Little + Son

Address: Littlestown, Pa. Per - R. A. Little.

19. July 30 1949 (Date rec'd by registrar) Margaret R. Englar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1949 at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 1949 to July 29 1949 and that I last saw h.i.m. alive on July 29 1949

Immediate cause of death	DURATION
Pulmonary Embolus	5 min.
Due to Auricular Fibrillation	4 months
Due to Congestive Heart Failure	4 months
Other conditions 1st ind. inguinal hernia. Bilateral hydrocoele	

(Include pregnancy within 3 months of death)

Major findings of operations: none

934.1
122a

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. P. Bradley M.D.

M. D. or other

Address: Taneytown, Md. Date signed: 7-30-49

RECEIVED
AUG 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06695

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eldersburg
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eldersburg
STREET ADDRESS (If rural, give location) Sykesville R.D.

3. NAME OF DECEASED (Type or Print) (First) Alverta (Middle) M. (Last) Wolbert

4. DATE OF DEATH (Month) July (Day) 31 (Year) 1949

5. SEX F. | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH July 24, 1891 | 9. AGE last birthday 58 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Joseph Poole

14. MOTHER'S MAIDEN NAME Rebecca Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mr. Walter J. Wolbert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to 7/30/49, that I last saw the deceased alive on July, 1949, and that death occurred at 9:15 A. m., from the causes and on the date stated above.

SIGNATURE Wm. E. Martin (Degree or title) ADDRESS Randallstown Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	8-3-49	Morgan Chapel	Mt. Pleasant, Carroll Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 1, 1949	C. Harry Weer	C. H. Weer	Sykesville, Md.

VS. A15

RECEIVED
AUG 3 1949
BUREAU V. S.